

Southern Eye Associates, P.A.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Under the HIPAA privacy regulations, we are required by federal law to maintain the privacy of your protected health information (“PHI”). PHI is information about you that may identify you and that relates to your past, present, or future physical or mental health condition and related healthcare services. Federal law also requires us to provide you with notice of our legal duties and privacy practices with respect to PHI, and we are required to abide by the terms of the notice currently in effect. We reserve the right to change our notice of privacy policies and this change will affect all PHI that we maintain. Before we make a material change in our policies, we will change our notice and post the new notice in the waiting area and on our website. You may request a copy of the notice at any time.

Your PHI may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your PHI may also be used and disclosed to pay your healthcare bills and to support the operation of our office. The following is a list of examples of the types of uses that our office is permitted to make. We may use your name, address, email, and phone numbers for fund-raising events or internal marketing events. However, you will have the option to opt out of marketing and fundraising events. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office. Your protected health information will not be sold, without your written authorization.

Treatment: We may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing you medical care when you visit our office. This includes the coordination or management of your healthcare – for instance, we can disclose your PHI to third parties for treatment, such as, a specialist or facility we may refer you to. We may disclose your PHI when we contact you about appointment reminders, no-show appointments, or treatment alternatives. We may disclose your PHI through encrypted email or texting notifications, such as, appointment reminders, no-shows or patient surveys. We may disclose your PHI information to your family or friends that are in the examination room with you. We may also disclose your PHI with your family or friends that are assisting you with appointments, surgical procedures, diagnostic testing or your care. We may also disclose your PHI to optical or contact lens vendors or companies for the processing of your eyeglass or contact lens order. We may disclose your PHI to, but are not limited to, healthcare facilities, and laboratories for the continuing of your healthcare.

Payment: We may disclose your PHI for payment purposes. For example, PHI may be disclosed to your insurance provider so we may be reimbursed for services rendered to you. Your PHI may be submitted by fax, mail, verbal, or by secure electronic means. If someone else is responsible for your payment, we may contact that person and may also give information to someone who pays for your care. We may disclose PHI to an outside collection agency as deemed necessary. Or, we may need to disclose your PHI to your health plan when obtaining pre-approval for diagnostics, surgical procedures or hospital stays.

Healthcare Operations: We may disclose or use your PHI to support the business activities of this office. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical professionals, students of affiliated healthcare programs, volunteers or other staff who care for you, licensing, and conducting or arranging other business activities. These disclosures may be made verbally, written or in an electronic format. We may disclose your PHI to use or release your information for interpreters when there are language barriers. For instance, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician, we may ask your name, address, insurance and other demographics at the registration desk or we may call you by name from the lobby or other area in the building. For example, medical record storage and shredding vendors may provide some related services for business operations and will have a written contract that requires them to protect your PHI in the course of performing their job

In addition, the practice may use or disclose your PHI in accordance with the specific requirements of HIPAA regulations without us needing to obtain an authorization or giving you an opportunity to agree or object if any of the following instances occur:

- Required by law. For example, we must provide your PHI to the Secretary of the Department of Health and Human Services if the Secretary or federal, state and local law so requests.
- Required for public health purposes. For example, we may disclose PHI for the maintenance of vital records such as the number of births and deaths, to prevent or control disease, injury or disability, to report adverse events, product defects or problems or reactions, to note product recalls, to notify a person who may have been exposed to a disease or may be risk for getting or spreading one.
- Required for disaster relief organizations. For example, we may disclose PHI to a disaster relief organization to coordinate your care and/or locate family members in the event of a disaster.
- Required disclosures about victims of abuse, neglect, or domestic violence. For example, we may disclose PHI for the reporting of spousal, adult or child abuse, such as, The Department of Social Services.
- Required by a health oversight agency for oversight activities authorized by law. For example, we may disclose PHI to government health oversight agencies for such purposes as investigations, inspections, audits, surveys, and licensure.
- Required in the course of any judicial or administrative proceeding. For example, we may disclose PHI in response to a court or administration order if you are involved in a lawsuit or similar proceeding.
- Required for law enforcement purposes. For example, we may disclose PHI for the purpose of identifying a fugitive from justice, missing person, witness, suspect, in response to criminal conduct while in the office, and in an emergency to report a crime, location of the crime or victims or the identity, description or location of the person who committed the crime.

- Required by a coroner or medical examiner. For example, we may disclose PHI to a medical examiner to identify a deceased individual or to identify the cause of death.
- Required for organ or tissue donation purposes. For example, we may disclose PHI to an organ donation bank to facilitate the donation if you are an organ donor or for eye tissue donations involved in your surgical procedures.
- Required for research purposes. For example, we may disclose PHI to a medical university to aid their research activities.
- Required to prevent or lessen a serious and imminent threat to the health or safety to the person or the public. For example, we may disclose PHI to prevent the spread of a communicable disease.
- Required for military and veterans purposes. For example, we may disclose the PHI of individuals who are in the armed forces for activities deemed necessary by appropriate military command authorities to ensure the proper execution of the military mission.
- Required for national security purposes. For example, we may disclose a patient's PHI to the appropriate government agencies for counter-intelligence purposes.
- Required for penal purposes. For example, we may disclose a patient's PHI to a correctional facility if the patient is an inmate in the facility or person.
- Required for workers' compensation programs. For example, we may disclose a patient's PHI for workers' compensation and other similar programs.

You have the following rights regarding your PHI.

Confidential Communications. You have the right to request that you receive communications of PHI by alternative means or at alternative locations. For example, you may request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. You do not need to give a reason for your request, and we must accommodate reasonable requests.

Electronic Communications. You have a right to your PHI as applicable by law in an electronic version. For example, we may disclose your PHI to a patient portal, encrypted email if available through the office, or portable media, such as, a CD according to office policies. To safeguard your password, we will provide a written password at the time of your visit for the patient portal. If you request a replacement password, you must do so in writing and provide a photo ID in person before this information will be released. We cannot be responsible for any lost passwords. For security reasons, patients will not be allowed to use their devices for electronic downloads. There will be a charge for all electronic media and paper copies of PHI. If we do not have a format to release electronic PHI to meet your needs, you may request a paper copy. Requests for electronic or paper PHI copies will be available within 30 days to the patient.

Breach Disclosure: You have a right to receive notification for privacy breaches regarding your PHI. The extent of the information regarding the breach will vary depending on the nature and extent of the breach. Email may be used to notify patients if their PHI has been disclosed.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. In addition, you have the right to request that we restrict disclosure of your PHI to certain individuals involved in your care or the payment of your care, such as family members or friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, emergencies, or when the information is necessary to treat you. We may terminate the restriction by informing you of the termination, except that such termination is only effective with respect to PHI created or received after we have informed you of the restriction termination. To request restrictions, submit a Request for Limitations and Restrictions of Protected Health Information form to the registration desk. **Patients may request in writing for claims or information not be submitted to an insurance plan, if services are paid in full at the time services are rendered. The patient will be responsible to notify the office for each visit affected by this restriction. This restriction cannot be applied to prior claims already submitted to an insurance company. This will be honored unless required by law to disclose the information. It is the patient's obligation to notify other medical providers or facilities referred that insurance should not be filed.**

Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, except, federal law excludes psychotherapy notes, information compiled in anticipation of litigation, or that we are otherwise forbidden by law to disclose. To request inspection and copies, submit a Request to Inspect and Copy Protected Health Information form to address at the bottom of this notice. We may charge a fee for the costs of copying, mailing, labor, and supplies associated with the request. We may deny your request in certain cases; however, you may request a review of our denial.

Amendment. If you believe the information we have about you is incorrect or incomplete, you may ask that we modify or add to the information. To request an amendment, you must submit a Request to Correct/Amend Protected Health Information form to the address at the bottom of this notice. We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny a request for amendment in the following cases: (1) the current information is accurate and complete; (2) it is not part of the medical information we keep; (3) it is not part of what you would be allowed to view and copy; and (4) it was not created by us. If we deny the request, you have the right to file a statement of disagreement. We may then prepare a rebuttal and we will give you a copy of the rebuttal.

Accounting of Disclosures. You have the right to receive an accounting of disclosures of PHI made by us in the six years prior to the date on which the accounting is requested. We are not required to include in the list we provide you the following types of disclosures: (1) to carry out treatment, payment, and healthcare operations; (2) to you; (3) for our directory; (4) for national security or intelligence purposes; (5) to correction institutions or law enforcement officials. To request an accounting of Disclosures, you submit a Request for an Accounting of Certain Disclosures of Protected Health Information to the address at the bottom of this notice. The first accounting you request within a 12-month period will be free. Additional accountings may involve a charge, and you may cancel or adjust your request before any fees are incurred.

Right to Provide an Authorization. We will obtain your written authorization for uses and disclosures that are not identified in this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization.

Paper Copy of Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a copy, simply inform the office designated on the bottom of this notice or go to our website.

Filing Complaints. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the office designated at the bottom of this notice. All complaints must be in writing and we will not penalize you for filing a complaint.

The Effective Date for this notice is September 01, 2013.

Contact information regarding this notice or the privacy policies described above:

Attn: Privacy Officer
Southern Eye Associates, P.A.
113 Doctors Drive
Greenville, SC 29605
www.southern-eye.com

Southern Eye Associates, P.A. is committed to maintaining the privacy of your protected health information.

If you feel that we are upholding the privacy regulations as established by HIPAA, you do not need to do anything further with this notice.